PALLIATIVE CARE JUST IN CASE PRESCRIPTION SHEET – USE THIS SHEET AND PRESCRIBE ALL FOUR CORE DRUGS[1]

NHS Cumbria	D/N: ……	GP: ……
SURNAME……	FORENAME……..	PRACTICE NUMBER……..
ADDRESS…….. ……		NHS NUMBER ……

Prescribe FIVE AMPOULES of each of the four core "just in case" drugs to be left in the patients home, together with this sheet, to ensure patients have "as required" medication for symptom control in the last days of life. Don't forget to:

- Remove medications from the patient's prescription that are no longer necessary.
- Convert any essential oral medications (e.g. furosemide for heart failure) to subcutaneous equivalents as the patient's condition changes.
- If you have not already done so complete or update the CHOC special patient form.

DATE PRESCRIBED	MEDICATION	DOSAGE	FREQUENCY	ROUTE	MEDICAL PRACTITIONER SIGNATURE	DISCONTINUED DATE AND SIGNATURE
REGULARLY REVIEW MEDICATION EXPIRY DATES	Opioid Analgesic (enter opioid prescribed in box 1. below)	**PLEASE SEE OVERLEAF TO CALCULATE CORRECT DOSE**				
	1.	REVIEW IF 24h DOSE CHANGES	STAT HOURLY PRN for pain **READ NOTES OVERLEAF**	sc		
	2. Cyclizine	50mg	STAT 8-hourly PRN for nausea and vomiting	sc		
	3. Hyoscine hydrobromide	400 micrograms	STAT 4-hourly PRN for excessive secretions	sc		
	4. Midazolam **10mg in 2ml**	2.5 - 5mg	STAT up to hourly PRN for terminal agitation **READ NOTES OVERLEAF**	sc		
	Water for injection	10ml	Diluent if necessary			

PTO for guidance notes on the use of this sheet. THIS IS GUIDANCE ONLY AND DOES NOT PRECLUDE CLINICAL JUDGEMENT.

NB This is not a syringe driver prescription or guidance sheet. For information about prescribing for a syringe driver please refer to : http://www.gp-palliativecare.co.uk/?c=clinical&a=prescribing_syringe_driver and http://www.gp-palliativecare.co.uk/?c=clinical&a=guide_drugs_syringe_driver

[1] This does not preclude clinical judgement

1. <u>OPIOID ANALGESIA</u> Morphine is the first choice injectable strong opioid (but see below for doses > 180mg morphine SC /24 hours)
If no previous opioid and/or the patient is elderly, prescribe 2.5mg – 5mg morphine SC initially. Assessing the response is important and a further dose may be given, if required, 60 minutes later. For patients already taking oral (PO) Morphine convert to the subcutaneous route (SC) and prescribe a SC prn dose of 1/6th of 24h SC dose to give for breakthrough pain and as a STAT dose as a syringe driver is put up (the syringe driver will take up to 4 hours to take effect)

i.e. Calculate the **TOTAL** oral dose taken over the previous 24 hours **including breakthrough doses**,
e.g. if current oral dose is **60mg** MR morphine **bd** + **3 x 20mg** oral breakthrough doses then current total daily dose = **180mg**/24h PO. Convert this to the appropriate 24h SC dose **(see below)** and prescribe **ONE SIXTH of this** on the just in case sheet overleaf.

Because there is a problem with the injection volume at high doses of SC Morphine it may be necessary to use Diamorphine:
If 24h PO Morphine dose ≤ 360mg convert PO Morphine **to SC Morphine** (ratio is 2:1, so divide **by 2** to get **24h SC Morphine** dose).
If 24h PO Morphine dose **> 360mg** convert PO Morphine **to SC DIAMORPHINE** (ratio is 3:1, so divide **by 3** to get **24h SC DIAMORPHINE** dose).

For morphine *or* diamorphine prescribe on the "Just in Case" sheet, overleaf, a SC prn dose of **ONE SIXTH of the current calculated 24h SC dose** to give for breakthrough pain**, and** as a STAT dose as a syringe driver is put up.

24h PO MORPHINE dose	24h SC MORPHINE dose	approx "Just in case" SC MORPHINE dose	24h SC DIAMORPHINE dose	approx "Just in case" SC DIAMORPHINE dose
60mg	30mg	5mg	-	-
120mg	60mg	10mg	-	-
240mg	120mg	20mg	-	-
360mg	180mg	30mg	-	-
480mg	-	-	160mg	25mg
780mg	-	-	260mg	45mg
1200mg	-	-	400mg	65mg

Fentanyl patches should be left on, **continuing to change the patch regularly every 72h.** Calculate the SC breakthrough dose using a chart designed to calculate fentanyl patch breakthrough doses, or seek help. (if prescribing SC morphine a safe breakthrough dose is approx. a quarter of the patch strength in mg).

To convert other opioids to the SC route or if prescribing another opioid subcutaneously, refer to the resources below or seek help from a specialist centre

2. <u>CYCLIZINE</u> (CAUTION IN SEVERE HEART FAILURE)
50mg stat, which can be repeated **8 hourly**. The maximum dose is 150mg SC in 24 hours. If still vomiting, prescribe haloperidol 1.5mg SC stat (2.5-5mg/24h). Some centres use levomepromazine 6-12.5 mg SC stat 8-hourly (12.5mg/24h); it is sedating, so unless sedation is indicated, is generally a second or third choice.

3. <u>HYOSCINE HYDROBROMIDE</u>
400mcg stat, which can be repeated **4 hourly**, followed by 1.2-2.4mg/24h. Non sedating alternatives are hyoscine butylbromide (Buscopan®) (20mg stat, followed by 60-120mg/24 hours) or glycopyrronium (0.2mg stat followed by 0.6 – 1.2mg over 24 hours).

4. <u>MIDAZOLAM</u> PRESCRIBE AS 10MG IN 2ML (i.e. CONCENTRATE)
2.5-5mg is the usual starting dose, which may, on occasion, need repeating after an hour. Continue up to **hourly** as required, If 3 or more doses are needed consider a syringe driver, 10-30mg/24h. If >30mg/24h required, consider adding haloperidol or levomepromazine. <u>NB before administration, common causes of agitation e.g. pain, urinary retention or faecal impaction should be managed or excluded, also check whether sedation is acceptable to the patient.</u>

<u>USEFUL RESOURCES</u>:
Lothian Palliative Care Guidelines 3rd edition (2010) http://www.palliativecareguidelines.scot.nhs.uk/subcutaneous_medication/
North of England Cancer Network Palliative Care Guidelines (2008) http://www.gp-palliativecare.co.uk/?c=local&a=guidelines
Lancashire and South Cumbria Specialist Palliative Care services Palliative Care prescribing (2010) http://www.gp-palliativecare.co.uk/?c=local&a=guidelines
Twycross R, Wilcock A (2007) Palliative Care Formulary 3rd Edition www.palliativedrugs.com